

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34662**  
Registrar's No. **159**

FILED NOV 17 1941  
Registration District No. **798**

Primary Registration District No. **3011**

1. PLACE OF DEATH:

(a) County **Clay**  
(b) City or town **Excelsior Springs, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Veterans Administration Facility**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 mo. 11 days**  
**unknown** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles D. Williams**

3. (b) If veteran, **Spanish American War** (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Evelyn Williams** 6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **June 19, 1872**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **4** Days **11** If less than one day hr. min.

9. Birthplace **Versailles, Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **John Williams**

13. Birthplace **Mo** ? ?  
(City, town, or county) (State or foreign country)

14. Maiden name **Florence Bohon** ? ?  
(City, town, or county) (State or foreign country)

15. Birthplace **?** ? ?  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records, Veterans Administration**

(b) Address **Excelsior Springs, Mo.**

17. (a) **Removal** (b) Date thereof **10-30-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Slater, Mo.**

18. (a) Signature of funeral director **Claude Pritchard**

(b) Address **Excelsior Springs, Missouri**

19. (a) **11/31/41** (b) **Ma R. M. Cracker**  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**  
(c) City or town **Slater**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **--** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **30th**  
year **1941** hour **12:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **September 19** 19 **41** to **October 30** 19 **41**;  
that I last saw him **im** alive on **October 30** 19 **41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of right kidney with metastasis to right pleura and hemothorax, right**  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **--**  
Of autopsy **As shown above**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature **B.A. Welch, M.D.** (M. D. or other)  
Address **Veterans Administration** Date signed **10-30-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer-No. 8,

District File Number \_\_\_\_\_

Date Filed 11-12-41

DEC 31 1941

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Robert Ray*

Licensed Embalmer No. 4182

P.O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.